

**AUTHENTIC CARIBBEAN FOUNDATION
CARIBBEAN PICNIC DAY - FRANKLIN PARK – AUGUST 20, 2017
REGISTRATION**

Please print the information requested for each adult in your party in space provided below:

Name _____ Phone# _____
Street Address _____
Email _____ City _____ State _____
Country _____ Postal/Zip Code _____

In emergency, notify: Name _____ Phone _____
Relationship _____ Names/Age of Children traveling with you: _____

Car Make: _____ Model _____ Color _____ License Plate # _____

Important: Money, jewels and other valuables are brought to Caribbean Picnic Day Franklin Park at the guest's sole risk. The Property, Authentic Caribbean Foundation, Emerald Neckless accept no liability and shall not be responsible for any loss or damage thereto and guests remain solely responsible for the safekeeping of any such items. Notwithstanding any method of payment, I agree that I am personally liable for all costs and charges incurred in the event that any such costs and charges are not paid in full and confirm that my responsibility and liability in that regard is not waived or released in any way. By signing this form, I consent to the usage of my personal information for administrative and marketing purposes only. Authentic Caribbean Foundation Inc. guarantees not to disclose information to third parties other than affiliated companies.

Additional Adults (All adults must show picture identification):

2. Name _____ Phone # _____
Street Address _____
Email _____ City _____ State _____
Country _____ Postal/Zip Code _____

PAYMENT METHOD: ___ Check # _____ ___ M/C ___ Visa ___ AMEX FEE Adult \$5 CHLD \$2 TOTAL BILLED: _____

Credit Card #: _____ Exp. Date: _____ Code: _____

Exact Name on Credit Card: _____

Exact Address on Credit Card Statement: _____

Card Holder Signature: _____

Make Checks Payable to: Authentic Caribbean Foundation, P.O. Box 52010, Boston, MA 02205

ACCEPTANCE: *Full payment is due upon registration. Registrations are non-cancelable, non-refundable.*
By signing below, you acknowledge that you have read and accept these terms and conditions.

Signature of Main Registrant _____